2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/27/2006-90069-035-$8.75-$8.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 17 PM 2:45

DOCUMENT # H19887

1. Entity Name

JERRY'S ELECTRICAL SERVICE, INC.

1st MOORE CR2E034 (10/05)

Principal Place of Business	Mailing Address
PO BOX 3213 TALLAHASSEE FL 32315	PO BOX 3213 TALLAHASSEE FL 32315

2. Principal Place of Business	3. Mailing Address
1811 Burns Dr.	P.O Box 3213
Suite, Apt. #, etc. Tallahassee Fl.	Suite, Apt. #, etc. Tallahassee Fl
City & State 32303	City & State 32315
Zip / Country Leon	Zip / Country Leon.

4. FEI Number 59-2445895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, MARLENE 1811 BURNS DR TALLAHASSEE FL 32303	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE M J Jones 2-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOLEY, JEFFREY PO BOX 3213 TALLAHASSEE FL 32315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900075103669 05/22/06--01049--021 **141.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, HOWARD 1811 BURNS DR TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD JONES, MARLENE 1811 BURNS DR TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M J Jones Jeff Foley 2/13-06 385-9359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #